

aircraft with a maximum certified takeoff weight in excess 15,000 kilograms or more by December 31, 2002. Cargo industry representatives say they are currently developing a collision avoidance system using new technology and expect it to be installed in such cargo aircraft by the deadline, even if no legislation is enacted. CBO estimates that this mandate would impose no additional costs on owners and operators of cargo aircraft.

Estimate prepared by: Federal Costs: Victoria Heid Hall, for FAA provisions and NPS overflights; Christina Hawley Sadoti, for DOL penalties; Hester Grippando, for FAA penalties. Impact on State, Local, and Tribal Governments: Lisa Cash Driskill. Impact on the Private Sector: Jean Wooster.

Estimate approved by: Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.

JERUSALEM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Mr. Speaker, I rise today to urge that the administration immediately move forward to establish a United States embassy in Jerusalem. It has been 4 years since Congress passed the Jerusalem Embassy Act of 1995. That act requires that the U.S. embassy must be moved to Jerusalem from its current location in Tel Aviv no later than May 31, 1999. That deadline passed last week. It is most regrettable that the administration is in the process of considering exercising its waiver option to again delay moving the embassy to Israel's capital city. Jerusalem is the capital of Israel. Around the globe, it is the policy of the United States to place its embassies in capital cities. But Israel is the glaring exception to this policy. There is no plausible reason for this glaring exception. It is vitally important that the administration act now to move the embassy, because the final status negotiations of the Middle East peace process which are in their initial stages will include talks about Jerusalem. It is imperative to establish now the U.S. conviction that realistic negotiations must be based on the principle that Jerusalem is the eternal, undivided capital of Israel and must remain united forever. If the embassy remains in Tel Aviv, it would encourage the Palestinians to persist in unrealistic expectations regarding Jerusalem and thus reduce the chances of reaching an agreement.

I urge the administration to follow the lead of Congress and establish the U.S. embassy in Jerusalem where it rightfully belongs now.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, the managed care issue was left unfinished in the last Congress. On the House side,

the Patients' Bill of Rights was defeated by just five votes when it came to the floor and it was considered on the floor as a substitute to the Republican leadership's managed care bill which did pass and in my opinion was a thinly veiled attempt to protect the insurance industry from managed care reform.

I want to say, Mr. Speaker, that support among Democrats for passing the Patients' Bill of Rights is as strong as ever and it certainly needs to be. The Republican leadership in the House has reintroduced a bill that is virtually identical to what it moved last year, and on the Senate side earlier this year a Senate committee approved what I considered a sham managed care bill that does not allow patients to sue insurance companies but does allow insurance companies, not doctors and patients, to define medical necessity.

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Mr. Speaker, what the Democrats are trying to do in the next week or so is to bring the Patients' Bill of Rights to the floor, and because of the fact that we have been unable, as in the last session of Congress to get any hearings or committee action on the bill in the House, we have already put in place a procedure known as a discharge petition which will probably ripen next week and which will allow Members to come down to the floor and sign the petition to essentially force the Republican leadership to bring up a vote on the Patients' Bill of Rights.

In many ways it is unfortunate that we are reduced to that. The bottom line is that the Republicans are in the majority in this House, not the Democrats, and if the Democrats cannot get a bill brought up in committee because they are not in the majority, they do not chair the committees, then the only recourse they have is to resort essentially to the discharge petition process and hope that we can get a majority, all the Democrats and some Republicans, to force a vote on the Patients' Bill of Rights.

I wanted to say, Mr. Speaker, that another disturbing development has apparently taken place in the House over the last week, and that is that a few months ago we had heard that there were rumors that instead of moving a comprehensive managed care reform bill, the Republicans might try to bring up bits and pieces of patient protection. In other words, instead of bringing the comprehensive Patients' Bill of Rights to the floor, they would bring up bills that only deal with emergency room care or external appeals or whatever.

I just wanted to say that this approach should concern anyone who really cares about managed care reform. I think it is being considered as a means by which the Republicans hope to avoid the debate, a real debate on the whole comprehensive issue of managed care reform, particularly the right to sue and the issue of medical necessity.

What I think the Republicans may try to do is to bring up these individual bills in this piecemeal approach and then give the impression that somehow they are doing something on the issue of managed care reform or patient protection, when in fact they are not.

If this piecemeal approach is adopted, I think the concerns of the American people are certain to be ignored, the issues they care about the most will be left off the table in order to appease the insurance industry, and those pieces of patient protection that do get to the floor will be riddled with loopholes and all kinds of escape clauses.

Healthcare problems and the deaths and the serious injuries and serious problems that we have seen that have occurred because of the inability of patients to get a particular procedure, an operation, to be able to stay in the hospital, these things will continue to happen unless we have comprehensive managed care reform like the Patients' Bill of Rights.

I have a number of my colleagues here with me tonight to join in this special order, and I should say that every one of them has been involved in a major way, either as a member of our Democratic Health Care Task Force or members of the Committee on Commerce, or one of my colleagues from New Jersey's case, the ranking member on the Subcommittee on Education and Labor that deals with managed care reform, and I am pleased they are with me.

Mr. Speaker, I yield to my colleague from Arkansas, who has been one of the leaders on the issue of managed care reform. He is a cochair of our Health Care Task Force. It was he who last year brought up the Patients' Bill of Rights as a substitute on a motion to recommit and allowed us to consider the bill on the floor of the House.

Mr. BERRY. Mr. Speaker, I thank my distinguished colleague from New Jersey for yielding.

Mr. Speaker, once again we are here asking the Republican leadership to bring patients rights legislation to the floor for a vote, once again. We need this reform so we can make managed care work. We need managed care.

We are only asking the leadership to do the job the American people want them to do, to bring up a bill to guarantee all Americans with private health insurance, and particularly those in HMOs or other managed care plans, certain fundamental rights regarding their healthcare coverage.

Today approximately 161 million Americans receive medical coverage through some type of managed care organization. Unfortunately, many in managed care plans experience increasing restrictions on their choice of doctors, growing limitations on their access to necessary treatment, difficulty in obtaining the drugs they need and should have and must have to stay alive, and an overriding emphasis on cost cutting at the expense of quality.

Patients rights legislation would guarantee basic patient protections to